

EXHIBIT A

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 530-2019-03191	
Philadelphia Commission On Human Relations and EEOC <small>State or Local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Ms. Donna R. Hudnell		Home Phone (Incl. Area Code)	Date of Birth 1961
Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name THOMAS JEFFERSON UNIVERSITY HOSPITAL		No. Employees, Members 500 or More	Phone No. (Include Area Code)
Street Address 833 Chestnut Street, Philadelphia, PA 19107		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input checked="" type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 04-01-2015 10-15-2019 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>In 2014, I began employment with Respondent as a temporary employee through a staffing agency. In April of 2015, after a year of employment as a temporary employee, I applied for the Security Analyst I position; however, I was not interviewed or selected. On or about 04/16/15, I was interviewed for the position. I was eventually was hired as a permanent employee as a Security Analyst I in 2016. I requested a reasonable accommodation of reducing my work hours to 20 hours per week due to my disability and related future scheduled surgery. Soon after my return to work, I was given a drug screening test. During the appointment for the testing, I gave the test administrator my medical marijuana card and prescription for other prescribed pain medication. The administrator noted that the card had expired in August of 2019. I advised that I had an appointment scheduled with my physician to renew my card. On or about 10/16/19, I was notified that I was discharged.</p> <p>The reason given for the discharge was for failing the drug test.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
<div style="display: flex; justify-content: space-between;"> <div> 10/25/2019 <small>Date</small> </div> <div> <small>Charging Party Signature</small> </div> </div>			

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☐ FEPA
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530-2019-03191**Philadelphia Commission On Human Relations**

and EEOC

State or local Agency, if any

I allege I was discriminated against because of my race (black) and/or color in violation of Title VII of the Civil Rights Act of 1964, as amended, and/or due to my disability and/or record of a disability and/or in retaliation for requesting a disability based accommodation and in violation of the Americans with Disabilities Act of 1990, as amended, in that I was not selected for a permanent position as noted above, I was discipline in April of 2019, Respondent failed to engage in the interactive discussion with me per as required by the ADA and I was discharged. Kate Wojowski was selected for the position noted above in April of 2015 although she had no prior relevant experience and had not previously worked for Respondent. In contrast, I had been working for Respondent in the position for which I applied for a year as a temporary employee. James [REDACTED] (white) was given an opportunity to attend a rehabilitation program after testing positive for an illegal drug(s). In contrast to Mr [REDACTED], I was not given an opportunity to submit my renewed medical marijuana card prior to being discharged. The renewed medical marijuana card was not allowed to be submitted to Respondent within a few days of the drug test Respondent administered and I requested a grievance to be returned to work. I have not been returned to work and have not received a response to Respondent regarding my submission of the renewed medical card and my request to return to work. Respondent failed to engage in the interactive discussion with me as required by the ADA regarding my drug test results as related to my disability and failed to allow me to provide updated medical documentation prior to discharged me. I was legally allowed to use marijuana for medical use in August up until the expiration date. Marijuana remains in a person's system for up to 90 days. The day I was drug tested by Respondent was well within 90 days of the expiration of the drug test, thus, the test indicated a positive result for marijuana.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

10/25/2019
Date

K. Danna Hudnell
Charging Party Signature

NOTARY – When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)